

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lusitana	CHAPTER 100.1
Address: 1925 Lusitana Street, Honolulu, Hawaii 96813	Inspection Date: July 12, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21 FEB 16 A9 20
STATE OF HAWAII
HEALTH CARE
LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Special diet menus (e.g., pureed, NCS, cardiac diet) unavailable for posting in kitchen and dining area</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident with NCS, cardiac diet was discharged on 7/13/2021. However, I contacted OCHA nutritionist for guidance on NCS, cardiac diet, an anticipation for re-admission and to have special diet ^{menu} available and will be posted in the kitchen and dining area.</p>	7/15/21

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<input checked="" type="checkbox"/>	<p>Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Special diet menus (e.g., pureed, NCS, cardiac diet) unavailable for posting in kitchen and dining area</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Going forward, I will have special diet menus available when I receive a special diet order from MD, and I will post the menu in the kitchen & dining area. I will use a checklist to include the posting of menus. I will refer to my checklist everyday to make sure all tasks are completed. I met with DHCA nutritionists on 9/16/2021 to review pureed, NCS & cardiac diet menus.</i></p>	<p><i>9/16/21</i></p> <p>21 SEP 16 A9:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #2 – Special diet (e.g., NCS and cardiac diet) not being provided as ordered by physician on 5/28/21.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I contacted OCHA nutritionist on 7/15/21 for more guidance on NCS, cardiac diet, and anticipation for re-admission. I will work with the OCHA nutritionist on special diet menu after I re-admit receive the re-admission diet order.</i></p>	<p><i>7/15/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Special diet (e.g., NCS and cardiac diet) not being provided as ordered by physician on 5/28/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward, special diet will be followed & provided. Special diet menus will be made available upon admission or shortly thereafter and when change of diet order received from the MD. If I need additional guidance, I will contact the DHCA nutritionist immediately.</p> <p>STATE OF HAWAII DH-000-A STATE LICENSE NO.</p>	<p>9/16/21</p> <p>21 SEP 16 A9:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of resident's possessions unavailable for review. Last inventory taken on 1/20/2019.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I did the ^{inventory of the} resident's possessions on 7/16/2021.</i></p>	<p><i>7/16/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of resident's possessions unavailable for review. Last inventory taken on 1/20/2019.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will make a checklist of the things to do annually, which includes inventory of residents' possessions. I will put it in my calendar to remind me when to do the inventory. I will keep track of my calendar at least once a month, and I will ask my substitute caregivers to double check. say the inventory of residents' possessions</p>	<p>8/20/21</p> <p>21 AUG 32 P 3:18</p> <p>SEP - 1 2021</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> At the time of annual inspection, facility had two non-self-preserving residents present and only one caregiver in the home</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #1 – Unpatched hole in bedroom ceiling</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>My husband patched the hole in the bedroom ceiling on 7/16/21.</i></p>	<p><i>7/16/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #1 – Unpatched hole in bedroom ceiling</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will check the bedrooms on a daily basis to make sure that the safety of the facility is being maintained. I will ask my SGs to do the same. I will post the reminder on the refrigerator to check the rooms daily.</i></p>	<p><i>9/16/21</i></p> <p>21 SEP 16 A9:20</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 – Documentation of 12 hours of continuing education courses per year was unavailable for review. Caregiver had 6 hours of continuing education documented.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 – Documentation of 12 hours of continuing education courses per year was unavailable for review. Caregiver had 6 hours of continuing education documented.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will make a checklist of the requirements for caregivers and put it in my calendar to remind me of their due dates. I will keep track on the calendar, check at least once a month and I will ask my SCGs to do the same.</i></p>	

Licensee's/Administrator's Signature: CGuzman

Print Name: CAROLYN DE GUZMAN

Date: 07/16/2021

Licensee's/Administrator's Signature: Carolyn De Guzman

Print Name: CAROLYN DE GUZMAN

Date: 08/20/2021

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STATE OF HAWAII
DQH-CHCA
STATE LICENSING

Licensee's/Administrator's Signature: Carolyn De Guzman

Print Name: CAROLYN DE GUZMAN

Date: 9/16/21

21 SEP 16 A9:20
STATE OF HAWAII
BOH-CHD
STATE LICENSING